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Items for information: health statistics

Report of the Intersecretariat Working Group on Health Statistics

Note by the Secretary-General

In accordance with a request of the Statistical Commission at its thirty-seventh session,** the Secretary-General has the honour to transmit the report of the Intesecretariat Working Group on Health Statistics, which is presented to the Commission for information. The Commission is requested to take note of the terms of reference of the Intersecretariat Working Group on Health Statistics.

Report of the Intersecretariat Working Group on Health Statistics

1. The Intersecretariat Working Group on Health Statistics held its third meeting on 17 November 2006 in Geneva, following the Millennium Development Goals indicators meeting. The meeting was chaired by Jennifer Madans (United States). The World Health Organization (WHO), in collaboration with the United Nations Statistics Division, served as secretariat. A total of 21 representatives of national statistical authorities and nine agencies attended the meeting.

2. Since many of the attendees had not participated in any of the previous meetings, the morning session was devoted to presentations on the history of the Working Group and a review of work ongoing in health statistics internationally. The terms of reference that were developed during the past two meetings were also presented. The afternoon session was devoted to a review of the terms of reference and a discussion of the development of a workplan consistent with the terms of reference.

* E/CN.3/2007/1.

** See *Official Records of the Economic and Social Council, 2006, Supplement No. 4* (E/2006/24), chap. I, sect. B.

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3. There was a frank and extensive discussion about the purpose of the Working Group during the afternoon session. While a range of opinions were expressed about the objectives of the Working Group and how it might operate, there was general consensus among country representatives that such a group was needed but that it would take some time to develop the coordinating structures and forums required. There were discussions on the need to involve ministries of health but without making the Working Group too large. National statistical authorities will have to take a leading role in developing collaborations with the ministries and the Working Group should support this. The need for a focal point within the country was stressed. There was agreement that the Working Group would not take over the work that is currently being done through other mechanisms but that it would serve as a forum for bringing together a range of activities to facilitate information-sharing and the adoption of best practices to strengthen health statistics infrastructure. It was agreed that a broad definition of health would be used.

4. Members will develop an internal structure consistent with the size of the membership and specific workplan.

5. The length of this discussion limited the amount of time available to develop a workplan. As an alternative, representatives of the United States of America, Norway, Finland, Canada, Mexico, Zambia and South Africa agreed to form a small working group to develop the programme for the next annual meeting which would be circulated to participants for their review. Members would be asked to work on agenda items and develop the necessary documents. This report on the meeting and previous sessions would be presented to the Commission.

6. Most of the countries attending expressed interest in being members although several needed to consult with their organizations before committing to serving on the Working Group. Since attendance at the meeting was tied to attendance at the Millennium Development Goals indicators meeting, to save travel costs, membership should also be offered to other nations to ensure representation from countries in all regions and at all levels of development. If the number of countries wishing to participate is unmanageable, some mechanism will have to be developed to either rotate members or appoint a smaller steering committee to direct the work of the Working Group.

7. The best venue for the annual meeting was discussed. It would be a good idea to hold the meeting in conjunction with one of the regional census meetings. The secretariat was asked to investigate options.

8. The terms of reference were modified to reflect the discussion and were adopted by the Working Group.

9. Jennifer Madans (United States) was elected chair for the coming year. A co-chair will also be identified who will become chair after the next annual meeting.

Terms of reference of the Intersecretariat Working Group on Health Statistics

10. The Intersecretariat Working Group on Health Statistics is a joint working group of United Nations agencies, Member States, representatives of national statistical authorities and other major and international or supranational agencies. At its 35th session, the Commission called for the establishment of an "intersecretariat working group on health statistics to develop a coordinated and integrated agenda for the production of health statistics and agree on standard definitions, classifications and methodologies in health statistics, taking advantage of existing mechanisms wherever possible, and involving the community of official statistics at all stages".[1] The Working Group is needed to bridge the gap between United Nations agencies and the statistical system as represented by national statistical authorities so that the quality and usefulness of health statistics can be improved. The secretariat for the Working Group is the responsibility of WHO, assisted by the United Nations Statistics Division in its capacity as secretariat of the Commission, and in consultation with United Nations agencies and Member States. These terms of reference set out the functions, composition and process of work, including setting the agenda and reporting of the Working Group, as well as the implementation of conclusions.

Functions

11. The principal function of the Working Group is to improve the collection and dissemination of health statistics by increasing interaction between United Nations agencies, Member States and their national statistical authorities and other international and supranational agencies with an interest in health. This will also involve improving coordination between international agencies, national statistical authorities and ministries of health. It will be used as a platform to share key international developments in the field of health statistics and will produce recommendations for the Commission and all United Nations agencies on the following issues:

(a) The active promotion of harmonization and coordination in the field of health and vital statistics;

(b) The active promotion of standard definitions, best practices, classifications, and methodologies in health statistics, including the identification of a core set of health statistics that needs to be measured;

(c) The galvanization of the development of appropriate country health information systems involving both the health and statistical constituencies.

Composition

12. The members of the Working Group include:

(a) Country representatives of national statistical authorities, with representation from all regions and levels of development;

[1] *Official Records of the Economic and Social Council, Supplement No. 4* (E/2004/24), chap. II, sect. C, para. 4 (e) (ii).

(b) Agency representatives of, inter alia, the European Community, the Statistical Office of the European Communities, the Organization for Economic Cooperation and Development, the Partnership in Statistics for Development in the Twenty-First Century, the Joint United Nations Programme on HIV/AIDS, statistical offices of the United Nations Regional Commissions, the United Nations Environment Programme, the United Nations Population Fund, the United Nations Children's Fund, the United Nations Office on Drugs and Crime, the United Nations Development Programme, the Health Metrics Network, the World Bank;

(c) Invited experts who serve as resource persons as needed by the current priorities of the Working Group;

(d) The United Nations Statistics Division and WHO.

13. The chairperson of the Working Group will be proposed by the members and will remain in that position for a period of three years, with the possibility of reassignment for one more term. The tasks of the chairperson of the Working Group are to chair the meetings; draft, together with the executive secretary, the agenda and minutes of meetings; and liaise with the WHO secretariat to monitor the progress of work in the respective areas of health statistics. Depending on the size of the Working Group, it may be necessary to appoint a steering committee as well as subgroups which will focus on specific issues of concern.

Process of work

(a) Suggestions for the above-mentioned broad-based topics may be proposed by United Nations agencies, Member States and the members of the Working Group. Such suggestions will be submitted to the WHO secretariat for circulation to the members of the Working Group;

(b) The Working Group will meet at least once a year at a convenient location at a date agreed upon during the preceding meeting. WHO will circulate a draft agenda for the meeting, drawn up in consultation with the Working Group's chairman, at least one month before the meeting;

(c) A workplan for the following year will be developed at the conclusion of each annual meeting;

(d) The functions of the secretariat for the Working Group will be carried out by WHO which will organize the agenda, invitations and the reports of the meetings;

(e) The Working Group may conduct its work other than at its annual meeting by correspondence. WHO will act as the focal point for all such correspondence in accordance with modalities to be agreed upon (e.g. an e-mail forum or a shared discussion forum).

14. The Working Group will report annually to the Commission through the chair and the secretariat. Execution of the Working Group's recommendations is the sole responsibility of national statistical authorities and United Nations agencies responsible for the production and analysis of health statistics.